



## **Video Transcript: Tackling Weight Stigma and Bias in Adolescent Health Programs and Services**

**Speaker 1 (00:00):** Tackling Weight Stigma and Bias in Adolescent Health Programs and Services. This video was produced by the Reproductive Health National Training Center, RHNTC.

All young people deserve sexual and reproductive health programs and services that are inclusive, medically accurate, and free of stigma. But did you know that young people in larger bodies are less likely to receive programming and services that meet these criteria? This video explores weight stigma and bias, how they can show up in adolescent health program settings, and what we can do to make sure these settings are safe and inclusive places for all youth, regardless of their body size or weight.

Weight stigma refers to negative attitudes and beliefs, both individual and societal, toward people because of their weight. It's about how people think. Weight bias is the unequal or unfair treatment of people because of their weight. It's about how people act.

Weight bias is also about how things like chairs may be designed without larger-bodied people in mind. Youth can experience weight stigma and bias from peers, educators, parents and other family members, health care professionals, and society at large, especially the media. Spotting weight stigma and bias can be difficult if you don't experience them personally or aren't learning from those who do.

Weight stigma and bias can have devastating effects on young people, including depression, anxiety, social isolation and suicidal ideation, disordered eating and weight gain, substance use, decreased physical activity, low self-esteem, and negative self-perceptions of physical, social, and academic abilities. Weight stigma and bias harm people of all sizes, but they most harm people at the highest weights and those with multiple marginalized identities and disproportionately impact people of color. Specifically, larger-bodied youth in adolescent health program settings may experience teasing, bullying, and victimization like name calling, derogatory remarks, ridicule, physical aggression, and social exclusion. Body weight is consistently reported to be the main reason youth are teased and bullied.

Increased sexual risk behaviors which can stem from the psychological and emotional problems caused by weight stigma and bias. Decreased access to contraception and other reproductive health information and care. Providers may not bring up sexual and reproductive health topics like birth control with higher weight youth, based on the assumption that these youth aren't having sex, and youth may feel too afraid of being shamed to bring these topics up themselves. Fear of weight gain may also make providers reluctant to prescribe—and youth hesitant to use—some methods of birth control.

We can take concrete steps to reduce weight stigma and bias. We can acknowledge and unlearn biases. All you can tell by looking at an individual is the size of their body, not their character, lifestyle, or health status. Start by asking yourself, when am I making assumptions about someone based on their weight? Then explore opportunities to learn more about where your weight bias comes from and how to unlearn it. Set clear expectations for behavior. Ensure group agreements state that the program is inclusive and welcoming, and that disrespectful or bullying behavior—related to weight or anything else—won't be tolerated. Watch for weight-based teasing and bullying in person and online. When you spot it, respond quickly and consistently, address the bullying behavior and not someone's size as the problem. This could sound like their body is fine, bullying and teasing them is not. Or other people's bodies aren't a joke or our business.

**Speaker 1 (04:00):** Use respectful and affirming language that doesn't shame or blame. Although different people prefer different terminology, weight-neutral language, like higher-weight and larger-bodied, is most appropriate in group settings. These terms accurately describe individuals without pathologizing them. Role model acceptance that our bodies are naturally built to be different shapes and sizes. Don't criticize or joke about size, weight, or food choices, even your own. Instead of focusing on weight, focus on health-promoting behaviors like being physically active, getting enough sleep, reducing stress, and eating a variety of foods. If your program works with parents and caregivers, encourage them to take this same approach.

Look at your program space through a weight-inclusive lens, then make changes to accommodate participants of all sizes. For example, provide sturdy, armless seating and desks that fit youth in larger bodies. Include body diversity in all program materials, posters and signage, artwork, and other visuals. It's important for youth to see bodies like theirs represented in a positive light. Representation matters. Remember, negative weight-related attitudes and actions hurt youth. Youth who feel seen and supported are more likely to make healthy choices and engage in health promoting behaviors.

There are steps we can all take to ensure that participants of all sizes receive inclusive, medically accurate and stigma-free programs and services. This has been a production of the RHNTC.